State: VermontGMCB Filing Company: MVP Health Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: VT LG HIC 2020

Project Name/Number: /

Filing at a Glance

Company: MVP Health Insurance Company

Product Name: VT LG HIC 2020 State: VermontGMCB

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002B Large Group Only - POS

Filing Type: GMCB Rate
Date Submitted: 08/13/2019

SERFF Tr Num: MVPH-132046387

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Implementation 01/01/2020

Date Requested:

Author(s): Matt Lombardo, Eric Bachner

Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Amerin

Aborjaily, Michael Barber

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: VermontGMCB Filing Company: MVP Health Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: VT LG HIC 2020

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Large Group Market Type: Employer Overall Rate Impact:

Filing Status Changed: 08/14/2019

State Status Changed: Deemer Date:

Created By: Eric Bachner Submitted By: Eric Bachner

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

The proposed manual rates included within this filing are for employer groups with 100+ employees in the state of Vermont with coverage dates beginning between 1/1/2020 - 12/31/2020.

Company and Contact

Filing Contact Information

Matt Lombardo, mlombardo@mvphealthcare.com

625 State Street 518-388-2483 [Phone]

Schenectady, NY 12305

Filing Company Information

MVP Health Insurance Company CoCode: 11125 State of Domicile: New York 625 State Street Group Code: 1198 Company Type: Health

Schenectady, NY 12305 Group Name: Insurance

(518) 388-2469 ext. [Phone] FEIN Number: 14-1827918 State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00

Retaliatory? No

Fee Explanation:

SERFF Tracking #: MVPH-132046387 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: VT LG HIC 2020

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Insurance Company	Neutral	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: VermontGMCB Filing Company: MVP Health Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: VT LG HIC 2020

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Insurance Company

HHS Issuer Id: 92082

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Preferred Suite HD POS			1
Preferred Suite POS			1

Trend Factors:

FORMS:

New Policy Forms: VT POS COC

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 0

Benefit Change: None

Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00

Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00

Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

State: VermontGMCB Filing Company: MVP Health Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: VT LG HIC 2020

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 ACT MEMO HIC Large Group.pdf VT LG HIC 2020 Rate Filing SERFF.pdf VT LG HIC 2020 Rate Filing SERFF.xlsx
Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP's forms satisfy 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certification of Compliance - VT.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	

SERFF Tracking #:	MVPH-132040387	State Tracking #: Company Tracking #:			
State:	VermontGMC		Filing Company:	MVP Health Insurance Company	
TOI/Sub-TOI:	H16G Group H	lealth - Major Medical/H16G.002B Large	Group Only - POS		
Product Name:	VT LG HIC 20	20			
Project Name/Number:	/				
Item Status:					
Status Date:					
Bypassed - Item:		Unified Rate Review Template			
Bypass Reason:		N/A			
Attachment(s):					
Item Status:					

Status Date:

State: VermontGMCB Filing Company: MVP Health Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: VT LG HIC 2020

Project Name/Number:

Attachment VT LG HIC 2020 Rate Filing SERFF.xlsx is not a PDF document and cannot be reproduced here.



ACTUARIAL MEMORANDUM

2020 Large Group MVPHIC Manual Rate Filing

Purpose of Filing

The purpose of this filing is to demonstrate the development of manual rates in support of MVP Health Insurance Company's (MVPHIC) Large Group POS rider portfolio and seek approval of the manual rates used to develop group specific premium rates. The premium rates included in this filing are for group effective dates between 1/1/2020 and 12/31/2020. The rates are effective for 12 months. This rate filing has been prepared to satisfy the requirements of 8 V.S.A § 5104 and is not intended to be used for other purposes.

MVP is proposing these point of service (POS) riders on MVPHIC to provide out-of-network (OON) coverage as a supplement to the in-network (INN) coverage provided on the MVPHP license. The in-network plans can be found in SERFF filing number MVPH-132046245.

Scope of Filing

As of April 2019, there are no members enrolled in MVPHIC's large group block of business with OON coverage (via combined PPO/HDPPO products).

All the riders in this filing are either a percentage of the manual rate or zero cost. MVP is not proposing to change any of the manual rates in this filing.

Actuarial Certification

I, Eric Bachner, am an Associate of the Society of Actuaries. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, inadequate, nor unfairly discriminatory. This rate filing conforms to the applicable Standards of Practice as promulgated by the Actuarial Standards Board.

Eric Bachner, ASA

Leader, Actuarial, Commercial/Government Programs

MVP Health Care

08/13/2019

Date



MVP Health Care -- 2020 LG HIC Rate Filing

Large Group VT HIC Rate Filing
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Exhibit 1 -- Medical Rider Rates

Exhibit 1 -- Medical Riders

Large Group VT HIC Rate Filing For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

HMO Rider	Description	Product Type	Net Required Revenue	Quarterly Change	Annual Manual Rate Change
SV3HMB01L	\$1,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.6%	0.0%	0.0%
SV3HMB02L	\$2,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.3%	0.0%	0.0%
SV3HDH02L	\$2,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.3%	0.0%	0.0%
SV3HMB03L	\$4,000 Deductible / 40% Coinsurance / \$8,000 OOP Max	POS	2.8%	0.0%	0.0%
SV3HDH03L	\$4,000 Deductible / 40% Coinsurance / \$8,000 OOP Max	POS	2.8%	0.0%	0.0%
SV3HMB04L	\$6,500 Deductible / 40% Coinsurance / \$13,000 OOP Max	POS	2.0%	0.0%	0.0%
SV3HDH04L	\$6,500 Deductible / 40% Coinsurance / \$13,000 OOP Max	POS	2.0%	0.0%	0.0%

Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

Signature: M 1 tut Date: 08/12/2019